

County: Wood  
 BETHEL CENTER  
 8014 BETHEL ROAD

Facility ID: 1570

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ARPIN 54410 Phone: (715) 652-2103  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/01): 111  
 Total Licensed Bed Capacity (12/31/01): 111  
 Number of Residents on 12/31/01: 110

Ownership:  
 Highest Level License:  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 105

Corporation  
 Skilled  
 No  
 Yes  
 Yes  
 105

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		37.3
Supp. Home Care-Personal Care	No					1 - 4 Years		40.9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.9	Under 65	0.0	More Than 4 Years		21.8
Day Services	No	Mental Illness (Org./Psy)	60.0	65 - 74	10.0			-----
Respite Care	No	Mental Illness (Other)	0.9	75 - 84	32.7			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	51.8	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.5	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.9		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	1.8		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	7.3	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	3.6		-----	RNs		9.8
Referral Service	No	Diabetes	0.9	Sex	%	LPNs		4.5
Other Services	No	Respiratory	5.5		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	18.2	Male	36.4	Aides, & Orderlies		
Mentally Ill	No		-----	Female	63.6			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care			Managed Care			Total Resi - dents	% Of All	
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	13	100.0	320	68	94.4	99	0	0.0	0	22	100.0	139	0	0.0	0	3	100.0	112	106	96.4
Intermediate	---	---	---	4	5.6	82	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	3.6
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	13	100.0		72	100.0		0	0.0		22	100.0		0	0.0		3	100.0		110	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	6.3	Daily Living (ADL)	Independent			
Private Home/With Home Health	3.1	Bathing	1.8	70.0	28.2	110
Other Nursing Homes	4.2	Dressing	15.5	60.9	23.6	110
Acute Care Hospitals	76.0	Transferring	40.0	49.1	10.9	110
Psych. Hosp. -MR/DD Facilities	2.1	Toilet Use	25.5	50.0	24.5	110
Rehabilitation Hospitals	0.0	Eating	66.4	17.3	16.4	110
Other Locations	8.3	*****				
Total Number of Admissions	96	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	3.6	Receiving Respiratory Care		0.0
Private Home/No Home Health	6.4	Occ/Freq. Incontinent of Bladder	11.8	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	28.7	Occ/Freq. Incontinent of Bowel	7.3	Receiving Suctioning		0.0
Other Nursing Homes	7.4			Receiving Ostomy Care		0.0
Acute Care Hospitals	7.4	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp. -MR/DD Facilities	1.1	Physically Restrained	10.9	Receiving Mechanically Altered Diets		29.1
Rehabilitation Hospitals	1.1					
Other Locations	11.7	Skin Care		Other Resident Characteristics		
Deaths	36.2	With Pressure Sores	3.6	Have Advance Directives		69.1
Total Number of Discharges		With Rashes	0.9	Medications		
(Including Deaths)	94			Receiving Psychoactive Drugs		60.9

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## Selected Statistics: This Facility Compared to All Similar Urban Area Facilities &amp; Compared to All Facilities

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	This Facility %	Ownership: Peer Group Ratio %	Bed Size: 100-199 Peer Group Ratio %	Licensure: Skilled Peer Group Ratio %	All Facilities %
Occupancy Rate: Average Daily Census/Licensed Beds	94.6	82.5	1.15	84.1	1.13
Current Residents from In-County	86.4	74.3	1.16	79.3	1.09
Admissions from In-County, Still Residing	35.4	19.8	1.79	25.5	1.39
Admissions/Average Daily Census	91.4	148.2	0.62	110.2	0.83
Discharges/Average Daily Census	89.5	146.6	0.61	110.6	0.81
Discharges To Private Residence/Average Daily Census	31.4	58.2	0.54	41.2	0.76
Residents Receiving Skilled Care	96.4	92.6	1.04	93.8	1.03
Residents Aged 65 and Older	100	95.1	1.05	94.1	1.06
Title 19 (Medicaid) Funded Residents	65.5	66.0	0.99	66.9	0.98
Private Pay Funded Residents	20.0	22.2	0.90	23.1	0.86
Developmentally Disabled Residents	0.9	0.8	1.21	0.6	1.41
Mentally Ill Residents	60.9	31.4	1.94	38.7	1.57
General Medical Service Residents	18.2	23.8	0.76	21.8	0.84
Impaired ADL (Mean)	45.8	46.9	0.98	48.4	0.95
Psychological Problems	60.9	47.2	1.29	51.9	1.17
Nursing Care Required (Mean)	4.2	6.7	0.63	7.5	0.56